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Dear Readers,

Alcohol is often called the social drink in many countries. Many occasions like wedding, graduation or winning a game are incomplete without a bottle of wine or beer.

But alcohol is also a drug and if taken in large quantity, it can cause considerable harm to the physical, psychological and social life of a person. In many countries addiction to alcohol or alcoholism is considered a major public health concern.

In this current issue of Health Messenger, we deal with alcohol drinking and its effects on a person’s life. A vital organ of the human body - liver - is affected badly by excessive alcohol drinking and liver failure can cause death. We also discuss in brief the anatomy and functions of liver and some common alcoholic liver diseases. The psychological impact is also considered.

We hope this issue will provide you with useful information on alcoholism, how to identify alcoholics, and how to treat and care for them.

Enjoy your reading!!

Best regards

Dr. Seerat Nasir
Editor
Alcohol, also known as the social drink, is responsible for mortality and morbidity all over the world. Alcohol is a beverage, and many people do not know that it is also a drug. This article will describe briefly about alcohol, the problems created by its consumption and will focus on alcoholism.

Alcohol is a widely consumed beverage all around the world except the Middle-East and some South Asian countries. The alcohol in beverages is ethyl alcohol, or ethanol. Wines, beers, and hard liquors (distilled spirits) are the widely available forms of alcoholic beverages. Wines are made from the juice of grapes, berries, or other fruits, honey, or rice. Beers are made from malt (barley grains) and vary in alcohol contents.

Hard liquors have high concentrations of alcohol which is achieved by distilling the fermented products of grains, sugar cane, molasses, or fruit juices. The example of hard liquors are gin, rum, whisky, vodka, and brandy. The amount of alcohol varies among the different drinks. Beer contains about 5-8% alcohol, wine approximately 10% and whisky 40% alcohol.

In most of the countries alcohol is known as a social drink. But the fact is that alcohol is a drug. Moreover alcohol intake can be very harmful to the body (Health Messenger Issue #1, November 1998).

Alcohol and the individual

The effects of alcohol on a person depend on six factors:

**Speed:** drinking a lot in a short period of time causes the alcohol to remain in the bloodstream longer.

**Quantity:** the more a person drinks more the drinker’s body reacts.

**Food:** taking alcohol in a full stomach slows down the passing of alcohol into the blood.

**Weight:** a lighter person feels the effects of alcohol sooner and stronger than a heavier person.

**Mood:** a person’s feeling after alcohol consumption is affected by the mood he or she had before drinking it. A drinker who starts off depressed usually ends up more depressed.
Other drugs: taking alcohol along with other drugs may increase the effects of alcohol or of the other drugs. Even aspirin makes a difference in how alcohol affects the body.

Alcohol can be habit-forming

People who drink alcohol regularly may need more and more alcohol to feel a desired effect. After a while, this increased use causes the drinker to form an addiction to alcohol. An addiction is a physical or mental need for a drug or other substances.

What is alcoholism?

Alcoholism is the uncontrolled consumption of alcoholic drinks that interferes with physical and/or mental health, and social, familial, or occupational responsibilities.

Alcoholism is a type of addiction with both physical and psychological dependence on alcohol. Addiction is referred to as a need to continue using a drug to maintain normal body function and to avoid withdrawal.

Several factors, e.g. familial, social or psychological may play a role in its development. These will be discussed in the following articles.

Stages of alcoholism

Experts say that alcoholism develops in three stages. These stages happen over a period of time.

Stage I. Some adults in our society drink alcohol on occasions. Trouble begins when the person begins to use alcohol to relieve stress or to relax. Soon the person needs alcohol to face the day-to-day pressure of life. The drinker begins to make excuses to family and friends about his/her drinking habits. The person may become drunk often.

Stage II. As the person continues to drink, the body develops a need for more and more alcohol. Drinking becomes the most important part of the person’s life. The drinker spends much time and energy planning as to where and when to have the next drink. The person is often absent from work. All the while, the person continues to deny that there is a problem.

Stage III. In the final stage of alcoholism, the problem is clear to other people. The drinking is now totally out of control. The drinker is strongly addicted to the drink and the body is very much dependent. The person often goes away from family and friends without notice.
Consequences of alcoholism

There are several consequences of alcoholism. They are as follows:

- Physical (page 12)
- Psychological (page 18)
- Social (pages 46, 52)

Treatment

Treatment for the person with alcoholism begins with the recognition of the problem. Alcoholism is associated with denial. The person does not admit the addiction problem and the person believes that there is no need for treatment. Most people with alcohol dependence go for treatment under pressure from family and friends as they do not feel that they need treatment. The problem should be discussed face to face with the drinker when he/she is not drunk. Once the problem has been recognized, total abstinence from alcohol is the only effective treatment. Complete recovery is achieved after detoxification, rehabilitation, and aftercare or follow-up.

Detoxification is the first phase of treatment. This is a treatment designed to free an addict from his drug habit. Alcohol is withdrawn slowly under close supervision.

Symptoms of alcoholism (these may vary from person to person)

- The person get used to a high consumption of alcohol and does not show any more the usual effects of alcohol
- Need for daily or frequent use of alcohol for normal functions of the body
- Lack of control over drinking, with inability to discontinue or reduce the amount and number of drinking
- Drinking alone
- Makes excuses to drink (e.g. getting strength after whole day’s work, finish roofing a house etc.)
- Episodes of memory loss associated with drinking (black outs)
- Episodes of violence associated with drinking
- Interference with social and family relationships or occupational responsibilities
- Behavioral problems such as missing work
- Unexplained mood changes
- Tries to hide alcohol related behavior
- Tries to fight when being prevented from drinking
- Neglect of food intake
- Neglect of physical appearance
- Nausea
- Vomiting
- Shaking of the body in the morning
- Abdominal pain
- Cramps
- Numbness and tingling
- Redness in the face (particularly the nose)
- Confusion
Confusions about Alcohol

Only middle aged and older people can develop drinking problems.

Drinking beer cannot make a person an alcoholic.

A person who has been drinking can drive just as carefully as a person who has not.

People with drinking problems always drink alone.

A person must drink every day to have a drinking problem.

Facts

Alcohol is an addictive drug. Anyone who uses it can develop a drinking problem.

Any alcoholic beverage, including beer, can become habit-forming. Drinking beer can lead to alcoholism.

Alcohol slows down reactions and interferes with judgement. A person who has been drinking is a threat to his/her own safety and to the safety everyone else on the road.

Many “social drinkers” have serious drinking problems.

Some people with drinking problems drink only every alternate day. Some drink only on weekends. What all problem drinkers share is a need for alcohol.

Complications

- depression
- impotence (erectile dysfunction)
- fetal alcohol syndrome in the baby born to an alcoholic woman
- high blood pressure
- increased incidence of cancer
- insomnia
- nutritional deficiencies
- suicide
- alcoholic dementia (see page 23)

of medical staff. Tranquilizers and sedatives are often prescribed to control alcohol withdrawal symptoms. Detoxification usually takes 4 to 7 days, and examination of other medical problems is necessary. A balanced diet with vitamin supplements is important. Depression or other associated mood disorders should be treated.

Alcohol recover or rehabilitation programs support the affected person after detoxification to maintain abstinence from alcohol. Counseling, psychological support, nursing, and medical care are usually available within these programs. Health education about the disease of alcoholism and its affects is part of the therapy.

Complications

- acute or chronic pancreatitis
- alcoholic cardiomyopathy
- alcoholic neuropathy
- bleeding oesophageal varices
- cirrhosis of liver
How to HELP someone with an alcohol problem

- Talk calmly with the person about the harm that alcohol can cause. Talk to the person when he or she has not been drinking.
- Tell the person how deeply you feel for his/her well being and offer to help.
- Help the drinker to feel good about quitting.
- Give the drinker information about groups that can help.
- Encourage the person to get help.

What NOT to do with someone with an alcohol problem

- Never drive with a person who has been drinking.
- Do not argue with someone who is drunk.
- Avoid using an “I’m-better-than-you” tone of voice when talking about the person’s drinking problems.
- Do not make excuses to others for the drinker’s behaviour.
- Do not feel that you are responsible for the drinker’s actions.

Withdrawal: sudden stoppage of the use of certain drugs after taking them for long time (alcohol, amphetamine etc.) which may cause several sign symptoms.

Cramps: spasmodic contraction of the muscle characterized by chronic contraction.

Numbness: less or no sensation of a part of the body

Tingling: pricking sensation.
Fig. 1 Oesophageal varices seen through the endoscope. White varices like these have been shown to have a relatively low risk of immediate bleeding.

Fig. 2 Oesophageal varices after treatment.
Alcohol affects the body right after it is being consumed. It damages the oesophagus, stomach and intestine directly after swallowing. Long time drinking can cause oesophagitis. The blood flow through the liver may be blocked by alcohol, damaging the liver. Other veins around the oesophagus then open up (oesophageal varices) and can be easily injured and bleed severely, causing death.

Alcohol causes erosion of the stomach lining that may result in ulcers or sores inside the stomach. The lining provides protection to the stomach from the acids that are excreted to digest food. An ulcer causes pain and nausea every time the person eats because the stomach acids along with the food come in contact with the sore. If left untreated, an ulcer can develop into cancer.

The liver is one of the body’s cleaning machines. It acts like a filter. The liver is responsible for filtering the blood and cleaning out chemicals that have been ingested. It can do this quite effectively with small amounts of chemicals like alcohol. However over time if it has to continually filter large amounts of chemicals, like a machine it will get clogged and break down. Alcohol is a poison made safe by the liver, but the liver can also be damaged, causing hepatitis, cirrhosis and finally liver failure and death. If a person stops drinking before the liver has become too damaged, the liver has the ability to repair itself but if the person continues to drink then the liver will become so damaged that the person will die. Other internal organs that are affected by long-term alcohol abuse include the heart, lungs, pancreas and spleen.
Fig. 3 A barium swallow X-ray showing the typical appearance of multiple lower oesophageal varices.
Vitamin A, vitamin B₁ (thiamin), vitamin B₃ (niacin) and vitamin B₆ (pyridoxine) and folic acid are all more likely to be deficient in chronic alcohol drinkers. This may be due to alcohol causing problems of absorption from the intestine or storage in the liver (Hmess issue #1, 1998). Pancreatitis is also linked to excess alcohol intake.

More than one or two small drinks a day cause the blood pressure to rise with damage to the kidneys, eyes and heart and an increased occurrence of heart attacks and “stroke”. Drinking alcohol frequently for a long time also damages the heart muscle directly (cardiomyopathy).

Nerves are damaged by alcohol (peripheral neuropathy). Alcohol is a depressant for the brain. A little alcohol causes sleep disturbance and more causes memory loss. Alcohol in large amount at one time causes loss of consciousness and is the commonest cause of death from toxic overdose. Other serious damage to the brain is caused by vitamin deficiency (especially vitamin B₁) due to alcohol consumption even in people eating well.

Too much alcohol over a long time affects red blood cells (making them larger), increases the risk of cancer of the head, neck, oesophagus, stomach, liver and pancreas and increases the risk of developing TB and some other infections.

Alcohol causes impotence in men and, in some, shrinking of the testicles and infertility. Women’s fertility is also reduced by high alcohol intake and drinking during pregnancy can cause Foetal Alcohol Syndrome (FAS).

Foetal Alcohol Syndrome is the term used for birth defects caused by drinking too much alcohol. Much of the development of the foetus takes place during the first few months and if the mother drinks during that time, there is a risk of brain damage and physical deformities.

Although alcohol gives a short term happiness, it can kill someone in the long run. So people should be careful about drinking alcohol.
Summary of some effects of alcohol on different parts of the body

Mouth: cancer*

Oesophagus: oesophagitis, cancer*, bleeding from varices*

Stomach: gastritis, cancer*

Intestine: diarrhoea, bleeding, vitamins not absorbed

Pancreas: diarrhoea, pancreatitis*, cancer*

Liver: hepatitis, cirrhosis, liver failure*, cancer*

Heart: muscle damage (cardiomyopathy)

Circulation: high blood pressure (eye and kidney* damage, heart attack*, stroke *)

Nerves: damage (peripheral neuropathy), impotence

Brain: sleep disturbance, memory loss, encephalopathy (B1 deficiency), anxiety, depression, psychosis, acute alcohol poisoning*

Testicles: small, infertile

Uterus: menstruation stops

Ovaries: small, infertile

Pregnancy: baby small, face changes, heart problems

Blood: large red blood cells

Immunity: more TB*, more infections

Muscles: painful, swollen (myopathy)

Bones: break more easily

(* causes death)
Fig. 4 COMMON SYMPTOMS AND SIGNS OF LIVER DISEASE

**Symptoms**
- Mental confusion
- Delirium tremens
- Loss of appetite (anorexia)
- Nausea
- Jaundice & itch
- Abdominal pain
- Abdominal swelling
- Tremor
- Loss of libido (sexual dysfunction)

**Signs**
- Encephalopathy
- Jaundice
- Gynaecomastia
- Hepatomegaly
- Spleenomegaly
- Ascites
- Dilated veins
- Dependent oedema

**Mental confusion**
**Delirium tremens**
**Loss of appetite (anorexia)**
**Nausea**
**Jaundice & itch**
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**Encephalopathy**
**Jaundice**
**Gynaecomastia**
**Hepatomegaly**
**Spleenomegaly**
**Ascites**
**Dilated veins**
**Dependent oedema**
Fig. 5 Pathway showing how alcohol affects the brain.

alcohol

brain

stomach

blood

Fig. 5 Pathway showing how alcohol affects the brain.
Excessive alcohol intake has very harmful effects upon a person’s mental health. Drinking alcohol in small quantities causes little or minor psychological effects. However excessive drinking over a long period of time will lead to very serious and often irreversible side effects. The effect of constant and excessive drinking is felt by all of the community. The family of an alcoholic, his/her friends and fellow workers are all affected by his/her excessive drinking of alcohol. The alcoholics can not work as before, his/her personality changes, he/she becomes isolated and often paranoid (thinking others are talking about him/her or are trying to hurt him/her).

Alcohol affects the way the brain works (functions). In small doses it creates a feeling of happiness and allows some people to come over their shyness and then speak and mix with others more easily. It is because of these effects that alcohol is often termed a “social drug” and is usually taken in social situations. It really is a problem when a person loses his/her ability to control his/her drinking habit. One common definition of an alcoholic is someone who is unable to stop at one drink, cannot control him/herself and continues drinking until he/she becomes unconscious (blackout). It is not only a person who drinks everyday but can be someone who gets drunk 2 or 3 times a week.

As alcohol acts on the brain, many of the side effects of alcoholism are psychological (mental). Alcohol damages the brain; in small quantities the damage is minimal and no long-term effects are felt. However

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**Major psychological effects of alcohol abuse:**

- Depression
- Anxiety
- Mood changes
- Delirium tremens:
  - illusions
- Personality changes
- paranoia
- Violence
- convulsions
- Social isolation
- Hallucination
22
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alcoholics generally suffer brain trauma that can be anywhere from slight personality changes to major memory loss and a complete loss of identity. As alcohol destroys brain tissue so certain functions of the brain are affected. As a result, alcoholics begin to lose their sense of balance, their memory begins to fail and major personality changes occur which are noticed by those close to them. A generally mild tempered person may gradually become more and more aggressive, whereas a happy and fun-loving person more withdrawn and depressed. Any personality change that occurs, is usually negative and/or harmful. An effective way to determine whether a person is suffering from alcoholism is to ask the person’s family and friends if he/she has changed recently, has become more isolated, becomes easily irritated or if he/she feels that others do not trust him/her.

As mentioned earlier, alcohol taken in small doses makes people feel happier, more content and less self-conscious. One of the interesting facts about alcohol abuse is that the feelings one has when taking small amounts of alcohol are almost completely reversed when large amounts are regularly consumed. Instead of feeling happy, alcoholics are often sad/depressed; they feel less content with their lives, become frustrated and occasionally violent.

When someone has been drinking alcohol heavily for a long period of time (a number of years) and suddenly stops drinking he/she will suffer from withdrawal symptoms. The initial symptoms of alcohol withdrawal are tremors of hands and feet, agitation, nausea and sweating. The withdrawal symptoms become worse over time and if alcohol is not taken can become extremely serious. The more serious symptoms include:

- hallucinations (seeing or/hearing things that are not there)
- illusions (i.e. objects appear distorted, a crack in the wall may begin to look like a snake etc)
- epileptic seizures

These symptoms worsen and after about 2 days will progress to a stage called “delirium tremens”.

These symptoms can be life threatening and the most effective antidote is to administer alcohol in small doses. If an alcoholic wishes to stop drinking they need to do it slowly, preferably with the help of medical personnel. There are medications
Delirium tremens is characterized by:

- disorientation in time (does not know the time), environment (the person is extremely confused, does not know the day/month/year or where they are).
- the patient may be fearful and shouting, restless.
- extreme shaking of the body.
- dilatation of pupils.
- tachycardia.
- raised blood pressure.
- the patient may be very agitated.
that can ease the withdrawal symptoms. However, these medications are not always available and need to be administered by trained medical staff.

Long term effect of alcohol intake leads to alcoholic dementia. This is usually irreversible (cannot be cured) and is a condition that is caused by the atrophy (shrinkage or becoming smaller) of the brain. This is due to excessive alcohol intake over many years. Patients may suffer from severe memory loss, often do not remember their own name or where they are and may not recognize members of their families. They have great difficulty in maintaining balance and walk with their feet wide apart to prevent themselves from falling over. The patients may be less aware of socially appropriate behavior, they may say or do something embarrassing in public and be unable to care for their hygiene. Obviously this is an extreme stage of alcoholism. The initial symptoms of this type of dementia can be recognized and treated (by decreasing alcohol intake) before it becomes too severe.

**Epileptic seizures:** the sudden attack or recurrence of epilepsy which is characterized by episodic impairment or loss of consciousness, abnormal muscular, functions etc.

**Tremors:** involuntary trembling or quivering.

**Withdrawal symptoms:** physical symptoms that appear after withdrawal of some drugs which has been administered for a long time.

**Agitation:** a state of anxiety accompanied by restlessness.

**Nausea:** an unpleasant sensation, mostly in the abdomen which may end up in vomiting.

**Tachycardia:** rapid heart beat.
Fig. 6 The position of the liver
The liver is one of the vital organs of the body. It plays an important part in digestion and storage. The body is affected badly if the liver is weak because of infection or drugs. This article will give a brief description of the structure and functions of the liver.

The liver is a large gland of a dark-red colour. It is situated under the diaphragm in the upper part of the abdomen on the right side and above the stomach and part of the intestines.

The liver is divided into two main lobes (portions): the right lobe and the left lobe. The right lobe is six times larger than the left lobe and is situated above the right kidney. The left lobe lies over the stomach. The right lobe is further subdivided into a small quadrate lobe and a small caudate lobe.

The functional units of the liver are five or six sided lobules each of which contains a branch of the hepatic vein that drains blood from the liver. The lobules contain the liver cells known as the hepatic cells or hepatocytes.

Functions of the liver

The liver has many functions. The main functions include:

1. Manufacturing and storing bile.
The liver cells make the bile. The bile contains bile salts which help the fat in the food to be digested. Bile salts are reabsorbed further down in the intestine so that they can be used again.

Small tubes or ducts take the bile from the liver cells. They join to form larger tubes, until they all end into one large tube called the common hepatic duct. The cystic duct joins the common hepatic duct to the gall bladder, where the bile is stored and concentrated.

When a person eats, the gall bladder squeezes the bile back through the cystic duct to the common bile duct which takes the bile into the duodenum (the first portion of small intestine). The bile mixes with the food in the duodenum.

Bile also contains bilirubin. It is a yellow waste made out of damaged red blood cells which are usually destroyed in the spleen. The spleen then puts the
b) Cross section of a liver lobule under microscope

Fig 8 a) Cross section of a liver lobule

- Portal vein
- Hepatocytes
- Central vein
- Hepatic artery
- Bile duct
- Albo Gylea m
- AY w, ao Gylea m
- Portal vein
- Hepatic artery
bilirubin back into the blood. The liver cells then take it out of the blood, change it to make it soluble, and then mix it into the bile. The bilirubin is responsible for the brown color of stool.

2. Storing sugar and controlling the amount of sugar in the blood.
The blood which comes to the liver through the portal vein after eating is full of sugar absorbed from the intestine. If the amount is far more than the body needs, the liver receives messages from the pancreas (through a hormone called insulin) to remove much of the sugar and store it. The opposite happens if sugar level is low. The pancreas produces less insulin and the liver puts some sugar back into the blood. In this way the sugar level in the body is maintained.

3. Manufacturing proteins and other substances.
The liver is the main place for producing the proteins the body needs. These proteins are built up from the substances which the intestine absorbs from the food, and which come to liver through the portal vein. Some of these proteins (albumin) help the blood to hold water inside the blood vessels. Other proteins made in the liver have other functions, including blood clotting (fibrinogen).

If the liver does not work properly, the person may develop oedema and ascites (see page 38), wasting of muscles and bleeding.

4. Removing toxins, poisons, drugs, and hormones, etc. from the blood.
The liver destroys many poisons, toxins, drugs and hormones etc. which enter the blood. If the liver is not in a good working condition, some drugs may be harmful even in ordinary doses; hormones may stay in the blood and cause some effects like breast enlargement in males; some toxins may damage the brain causing mental disturbances or unconsciousness.

Disorders of the liver and bile ducts

The liver can be affected by many diseases like:
Hepatitis: acute or chronic viral hepatitis.
Cirrhosis (chronic liver disease): alcoholic cirrhosis.
Liver abscess.
Cancer: Hepatoma (tumour of the liver).
Biliary colic, acute cholecystitis and obstructive jaundice.

Fig. 9 Hepatomegaly and splenomegaly in chronic liver disease
If you ever suspect liver disease or jaundice, try to find out if there is:

1. Liver structure abnormality:
   • pain or tenderness of the liver
   • swelling of or lumps in the liver

2. Obstruction of the bile ducts:
   • jaundice
   • dark urine
   • pale stools

3. Failure of the liver cells to do their work:
   • jaundice
   • fluid in the body tissues — oedema and ascites
   • wasting of muscles
   • bleeding
   • loss of full consciousness or abnormal mental state

4. Haemolysis, if jaundice is present:
   • anaemia
   • enlarged spleen

5. Infection in the liver or other parts of the body:
   • fever, malaise, etc
   • raised temperature
   • rapid pulse
   • symptoms and signs of pneumonia, malaria or septicaemia

6. Signs of high pressure in the portal vein:
   • ascites
   • gastrointestinal bleeding usually with vomiting of blood if one of these veins bursts.

Some of the common diseases of the liver will be discussed in the next articles.

Fig. 10 Patients with jaundice. The skin and sclera have a pale yellow colour.
Hepatitis and cirrhosis are the most common alcoholic liver diseases. Alcoholic hepatitis is an acute or chronic inflammation of the liver induced by alcohol abuse. It usually occurs after years of excessive drinking. The longer the duration of alcohol use and the larger the quantity of alcohol consumed, the greater the chance of developing liver disease.

Due to alcohol consumption, loss of appetite occurs and as alcohol provides no nutrients, malnutrition may develop later. Liver disease may occur as a result of the malnutrition. But the poisonous effect of ethanol (chemical name of alcohol) can cause liver disease too.

Cirrhosis is the final phase of the disease. Symptoms may not be present until the disease is relatively advanced and if present, develop gradually.

What is cirrhosis of liver?

Cirrhosis is a chronic liver disease, that slowly destroys the liver cells in all parts of the liver. Fibrous scar tissues develop and very few new liver cells grow, all these slowly destroying the structure and function of the liver.
Fig. 12. Gynecomastia in an adult male with liver cirrhosis.
Fatty liver is a condition where fat is infiltrated in the liver cells. A normal and healthy liver contains 5% of fat (by weight) and with a marked fatty liver nearly 50% of the weight is fat. Fatty liver occurs because of:

1. sudden increase in mobilization of fat from the other part of the body to the liver,
2. relative lack of protein necessary for release of fat from the liver cells,
3. increased fat formation by the liver cells, and
4. decrease breakdown of fat by liver cells.

Fatty liver is common in alcohol ingestion, tuberculosis, starvation, certain drugs (tetracyline, steroids), diabetes, and obesity.

Course of the disease and clinical features

When a patient has cirrhosis, liver cells die. After a long time there are not enough liver cells for the liver to function properly.

The following very important effects of liver failure occurs:

- If the liver does not produce enough proteins like albumin this causes oedema and ascites.
- If the liver does not metabolize hormones, their levels get too high and cause changes in the sexual characteristics of the patient. For example, breast enlargement in male patients (gynacomastia). This is due to the influence of oestrogen and progest erone, which are not destroyed by the liver.
- If liver does not metabolize drugs, the effects of some drugs last a very long time and may cause further damage to the liver.
- If liver does not metabolize toxins from the intestines, these toxins may stop the brain working properly.

Complications

- bleeding oesophageal varices
- portal hypertension
- hepatic encephalopathy
- mental confusion
- coma

Management of the symptoms

Cure is not possible. The first line of treatment includes stopping alcoholic drinks, high protein diet (except in cases of encephalopathy) with vitamin supplements and adequate rest.

Ascites is managed by less salt intake and the intake of diuretics.

Some surgical management is needed to take care of other problems like bleeding oesophageal varices or draining ascitic fluid. It is best to refer the patient to the hospital.

Expectations (prognosis)

There is more chance of survival if the patient stops drinking before the disease becomes severe. In advanced cirrhosis with severe liver dysfunction, 50% of patients survive for 2 years.
Fig. 13 Severe ascites in a patient with cirrhosis and hepatoma.

Fig. 14 Superficial abdominal veins are prominent in this patient with alcoholic cirrhosis.
Symptoms of cirrhosis

- Swelling of the abdomen
- Swelling of the legs (usually the first symptom)
- Weakness
- Weight loss
- Nausea
- Vomiting
- Disturbance in menstrual periods
- Impotence
- Loss of interest in sex
- Vomiting blood
- Malaena (black tarry stool)

Signs of cirrhosis

- Wasting. This is not marked at first; but later it is very severe. It is most marked in the arms and shoulders, and this is caused by liver cell failure.
- Oedema of the legs and back.
  - Very swollen abdomen caused by ascites.
  - The spleen is enlarged, this is due to high portal vein pressure; but there are often other causes for an enlarged spleen as well.

Note two things:
1. The liver is often not enlarged.
2. Jaundice is not common until late in the disease.
How Oedema and Ascites occur?

**Oedema** is the excessive accumulation of fluid, usually causing swelling. This is caused by low protein in the blood from liver cell failure. Usually the protein produced by liver (mainly albumin) holds the fluid inside the blood vessels. If there is not enough protein in the blood, the fluid then goes through the vessel walls and fills the space between tissues.

**Ascites** is the accumulation of fluid in the abdominal cavity. This is due to increased pressure in the portal vein and low protein in the blood. The formation of scar tissue presses on the portal vein and increases the pressure in the vein. The vein therefore becomes overfilled and stretched. The low protein in the blood and the overstretched veins cause imbalance between inward and outward pressure in the small blood vessels, causing fluid from the vein to fill the peritoneum.
Encephalopathy: any degenerative disease of the brain, in which the brain function becomes lower.

Peritoneum: a thin membrane that lines the abdominal cavity and covers most of the organs inside it.

Metabolize: to undergo metabolism.

Metabolism: a total of all the chemical reactions that take part in the body, consisting of anabolism and catabolism.

Anabolism: it is the total of reactions that produce chemical compounds for building up the body. For this process, energy is necessary.

Catabolism: any destructive metabolic process in which substances are converted to excreted compounds. It releases energy.

Oesophageal varices: dilatation of some veins at the lower end of the oesophagus.

Impotence: inability to accomplish the male sexual act, caused by physical or psychological factor.

Diuretics: any drug that increases the excretion of urine.

Tarry: dark-brown or black colour like tar. Tar is a semisolid liquid obtained from distillation of bituminous coal.

Biliary stenosis or obstruction: narrowing of the biliary duct.
They sat in a circle facing their loved one. Each member of the family, his close friends, and his spiritual leader tell their son, husband, brother, friend, that they want him to stop drinking. To get some help to stop.

The man has been drinking every day for two years now. His mother tells him how sad she feels, how worried she is for his health. His father tells him how he has brought shame to the family. His wife is angry. She tells him she can no longer be his wife if he keeps drinking. His spiritual leader mourns the loss of the man’s connection to his religion and community. His best friend loves him but cannot continue the friendship. His little brother does not understand how his big brother has changed so much. He too feels sad and afraid.

At first the man is surprised and angry to be confronted by so many at once. He tries to pretend he has no problems with alcohol. He doesn’t want to stop. He gives excuses and promises he knows in his heart he cannot keep. The alcohol is his friend. It helps him to forget his losses and not to feel bored with his life. All his friends drink. It is something to do. What would happen if he stopped? What should he do?

In April and May, 2000, the first Addiction Therapy Training Workshops was organized along the border. The story above is just one example of a role-play exercise practiced by the trainees of the workshop. The National Health and Education Committee (NHEC) presented these workshops. The project was funded by the Canada Fund for Burmese Refugees.

I had the opportunity to travel along the border. The NHEC and I wanted to ensure that as many person as possible would benefit from these trainings. We wanted to reach women, men, youth, and families. The workshops were developed for community workers, social workers, medics, teachers and camp leaders. The purpose was to provide education related to alcohol abuse and help them plan ways to deal with addiction in their communities.
Fig. 18 Group discussion in progress.
Trainees from all areas of the Thai-Burma border attended the training. Participants came from all over for the 5 days training. The trainings were attended to the maximum. Of all the participants we reached, 34% were women and 23% were youth. In one of the places, we had 250 observers as well as the 30 trainees.

Many questions arose about alcohol. What we found out may or may not surprise you.

According to all the people we surveyed the most commonly abused drug is Alcohol. This is not to say that other drugs are not used illegally. The survey showed that the drugs that most people fear are Yama (yaba) and opium or heroin.

In the workshops, we discovered that it was mostly the men and particularly young men who drank to the excess.

The main reasons were the boredom of camp life, the hardship of the conditions, and the feelings of depression about everyone’s situation. Beyond this, the men expressed the loss of their normal roles as providers (bread winner) for the family. Women mentioned the effects of alcohol abuse added stress and pressure in their families. One person in the survey said it this way, “The majority of addicts are men. Because of this, women are mentally ill”. The youth mentioned peer pressure, excitement, feeling good as the reasons for drinking alcohol.

We tried to find out how the community boosted alcohol abuse through denial and shame. Everyone discussed how the community could break through this to confront the problem. Some of the solutions offered by the trainees included:

- publishing educational posters and pamphlets, setting up committees to educate the public about the negative affects of alcohol abuse,
- to teach alcohol and drug prevention in the schools,
- to set up support groups for families.

Perhaps the most important way was to just talk about it. Not to hide it but as a community to embrace and solve the alcohol...
Fig. 2: Workshop report from a group member.

Dec. 16, 2000

Kia camp.

Fig. 21 Workshop report from a group member. Mae Khong Kha camp.
problems without judgement and shame.

Another achievement of the workshops was the design of their own community addiction programmes by the participants. They rejected the myth that addiction can be medically “cured”. Together they discovered how the community could help their addicts stay free of drugs and alcohol.

The trainees realized that the way to help addicts best was through each community’s participation. They identified those who was needed for cooperation. Suggestions included trained addiction counsellors, religious leaders, teachers, social workers, vocational teachers to learn new trades, music and art teachers, athletic coaches, traditional medicine practitioners, medics, acupuncturists, massage therapists and of course camp leaders to organize, administrate and support.

This whole, integrated approach can help the addicts and the community recover from alcohol abuse by changing the conditions in the community. It gives everyone a role. It puts the responsibility back into the hands of the family and community in a healthy way. They felt that the NHEC could play a big role by providing materials and international addiction trainers. Some suggested an addiction rehabilitation training centre be established by the NHEC.

Personally, I was excited to see the commitment of all the participants to community rehabilitation. It is my experience that unless the community changes, the addict doesn’t have a chance to recover. He may be free from alcohol and drugs in the detoxification centre or hospital. But unless there are strong alternatives in place in his home, he will return to his drug of choice. To use the medical professionals as a support rather than a cure will give a wider range of choices for the alcoholic and drug addict. The stronger the community, the more successful the recovery for all.

Finally, the most impressive members of your communities are the alcoholics and addicts who are already recovering. The most wonderful part of our workshops was the courage that some of these people had to tell us their stories. It showed us that anyone could become addicted.

It helped us see how people can recover from addiction with love, compassion, support, care and determination. And that is in your hands.

Photos courtesy of Pam Rogers and Saw Barnabas, NHEC.
Alcohol Catches You
Melanie Meardi, WEAVE

People have used alcohol for thousands of years. For many cultures and religions, alcohol is an integral part of important ceremonies, it is consumed in social gatherings, and it is used for medicinal purposes. This article will focus on the causes and consequences of alcoholism.

Alcohol is the drug that people abuse the most. Alcohol is no different from amphetamines or heroin; the only aspect that sets it apart from other drugs is that in most countries it is a legal substance. As a legal substance it is easily and widely available. In most part of the world alcohol is socially acceptable and therefore all the more dangerous.

There are many reasons why people choose to drink alcohol. As a drug, alcohol makes people feel good, relaxed and confident. Since drinking alcohol is an accepted social activity, the person may often find himself/herself in situations where it is being served and to refuse the hospitality would be considered impolite. Over time an addiction to alcohol may develop and the person will not wait for a social gathering to drink but will begin to drink regularly even when he/she is alone.

Some people drink to forget about their sufferings. Some people have so much pain in their lives that they need to forget about that pain and alcohol is a drug that can help a person escape from reality. Others have low self-esteem and alcohol gives them confidence.

Alcoholism is a disease that has no cultural, ethnic or economic boundaries, which means that anyone can suffer from alcoholism. In some cultures, the word alcoholism does not exist but the words to describe it are very relevant: ALCOHOL CATCHES YOU AND IT WON’T LET YOU GO.

It is difficult to understand how drinking alcohol is a disease; because when people think of diseases they think of physical illnesses that can be transmitted from one person to another for example HIV, or a disease that someone may develop such as cancer. Alcoholism is a social and psychological disease. It cannot be spread from one person to another but the alcoholic can negatively affect the lives of all the people around them and over time if the alcoholic is not treated, they will most likely die from the long-term physiological effects of alcohol.
What are the consequences of alcoholism?

There are many physiological and emotional problems related to long-term alcohol abuse. Some of them have already been discussed. Apart from these, alcoholism is a social disease. Alcoholism not only affects the physical and mental health of the person, but also his familial and social life. Social problems, such as domestic violence, sexual assault, and childhood abuse and neglect are often related to alcoholism.

It has been found that many partners of alcoholics suffer anxiety, insomnia, tension and depression. They often feel a strong sense of guilt or anger and want to punish the addict, which they may take out on their children or colleagues at work.

The effects of alcoholism on the family are very complex, and it is difficult to accurately outline all of them since each family is different. Alcoholism does not only affect the person who is suffering from it but also all the people around them, especially the people closest to them.

Sometimes alcohol can make a person violent or aggressive and the person may direct that violence towards other family members such as a husband/wife or children. Several studies in America showed that most of violent offenders were drinking at the time of the offense. The offenses included homicide (killing someone), assault (beating), sexual offenses (rape etc.), marital violence and child abuse.

In a community-based study in America it was found that 42 percent of violent crimes reported to the police involved alcohol, although 51 percent of the victims interviewed believed that their attackers had been drinking.

Alcohol drinking and violence may form a vicious circle. When sober, the alcoholic might feel very sorry for hurting the people they love but those feelings are
forgotten when they drink and the cycle will repeat itself. An alcoholic may neglect his/her family directly or indirectly by not being capable of supporting the family both emotionally and financially. It is very difficult to support an alcoholic because often the family may not want to accept that their loved one has a problem and might be too embarrassed to talk about it or may feel they are to be blamed for the alcoholic’s behaviour. Sometimes the partners of the alcoholics prevent the drinker from seeing the problem resulting from alcohol consumption. For example, when the partner protects the alcoholic by making false excuses to employers for absenteeism, by paying off debts, or by being more attentive when the spouse is drunk than when they are sober. All these they do to cover their partner’s fault from society.

Continuous neglect of the family can finally break up the relationship among the family members.

**How can alcoholism be overcome?**

Since it is a social disease, alcoholism may be overcome through appropriate counseling and therapy. Not many people with alcohol problems can stop drinking without the help of others. If the person is committed to stop drinking, he/she needs strength and support from the people who care about him/her and help from people who have also suffered from alcoholism. There may be underlying problems that cause the alcoholism and those problems have to be addressed if the treatment is to be successful. If the underlying problems are not worked out then the person will most likely start drinking again. Overcoming the addiction to alcohol takes a great deal of energy and time, everyone involved in the healing process should have patience and understanding.

Denial of a problem such as alcoholism can exist at different levels, from the individual, family, community leaders, religious groups, government, to the leaders of a country. Many countries have mechanisms in place to support therapy for alcoholics as well as support families of alcoholics. Unfortunately this is not the case for all countries and certain cultures.

What is important to understand is that alcoholism is not a disease that only affects one person but also everyone around them and it is the responsibility of both the individual and society to support efforts of overcoming alcoholism.
Why do people drink alcohol in the camp?

There are several causes for using alcohol. Because some people feel depressed or confused and are in a state of utter desolation, to overcome fright or shyness, after successfully accomplishing some tasks, for relaxation or as a custom.

Some people consider that the rules and regulations of the camp are too strict. They can not go and work outside the camp causing economic problems in the family. Consequently they feel depressed and confused. As an outlet they consume alcohol.

People drink alcohol to forget temporarily their miseries and losses they faced in the past. The loss of property or families and relatives give them too much pain.

To gather courage against fear and shyness, some people use alcohol. Although gentle and peaceloving most of the time, some people became quarrelsome and aggressive after having alcohol.

As a part of celebration of victory in some sport events or some ceremonies, people drink alcohol.

After working hard, some men take alcohol with friends to get relaxed after day’s work. So that there may always be argument in the family for spending money on alcohol.

The majority of the camp residents are Karen and in Karen tradition, such as summoning the spirit of a dead person by occult means, wedding ceremonies, giving charity, volunteering to build a house, roofing house before rainy season, farewell party, there are always liquor as a part of the occasion.
Who drinks alcohol?

Most of the drinkers are teenagers and middle-aged persons and just a few are women. The middle-aged and older persons generally drink alcohol because of the above mentioned causes. Most of the teenagers try alcohol to know more about it, some follow the elders and a few start it encouraged by intimate friends. Some staff of the camp also take alcohol even on duty hours. Drinking on duty is an offence and could become a habit of breaking the law. Though some old men use alcohol as a medicine, there are some who became the slaves of alcohol.

Alcohol and violence

One who drinks alcohol excessively become unaware of his surroundings and may create problems with the neighbours and in the family. He puts the family in utter disgrace in his society. Instead of working for supporting wife and children, he likes to spend most of his time with other men drinking alcohol and become more quarrelsome. This can affect the children’s mind. Problems in the family can disturb the neighbors. Women and children are the ones to suffer the most from violence caused by alcohol. Wife beating and not caring for one’s own children may be the consequences of alcohol consumption.

To prevent the problems caused by alcohol, everybody must understand the disadvantages of alcohol. Therefore education about alcohol abuse should be provided more clearly. The authority of the camp must take action more specifically against the law-breakers. Though the authority tried to control the situation, there are still some people causing trouble after drinking excessive alcohol. It would be better if Women Affairs Organization could visit and provide some encouragement to the affected women and children.
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Managing Alcohol Poisoning

Excessive alcohol consumption is considered as alcohol poisoning. It can cause physical harm to the person and needs immediate attention. This article will provide the necessary measures to be taken in case of alcohol poisoning.

Alcohol consumption depresses the central nervous system. The effects vary from person to person. One or two small drinks may produce a slight change in mood. The behaviour of the drinker changes with the increased concentration of alcohol in blood after drinking for a long time. The behaviour of the drinker becomes abnormal and there may be problem in walking or talking. Finally, the mental and physical abilities are deeply disturbed and the person may become unconscious.

Aim of the Treatment

The main aim is to ensure open airway. Arrange removal to O.P.D. if the patient is unconscious.

Treatment

- Maintain an open airway.
- If the patient becomes unconscious or vomiting is likely, place him/her in the recovery position.
- If in doubt about the patient’s condition, remove to hospital.

Symptoms and signs of alcohol poisoning

- Patient’s breath may smell of alcohol
- Patient may be vomiting
- Patient may be partly unconscious or totally unconscious. The patient may come back to consciousness but again may go unconscious quite quickly.

In early stages of unconsciousness:
- Patient will be breathing deeply
- Face will be moist and flushed
- Pulse will be bounding and full

In later stages of unconsciousness:
- Pulse may become rapid but weak
- Breathing will be shallow
- Patient’s face will become dry and look puffy or swollen
- Eyes will be red and pupils may be dilated
1. Kneel upright at right angle to the patient’s side, about nine inches away and chest level. Turn the head towards you and tilt it back keeping the jaw forward.

2. Place the patient’s arm nearest to you by the side. Place the patient’s hand under the buttock, palm upwards if possible. Bring the other forearm over the front of the chest. Holding the far leg under the knee or ankle bring it towards you and cross it over the near leg.

3. Protect and support the patient’s head with one hand. With the other hand, grasp the clothing at the hip furthest from you and pull the patient quickly towards you. Support the patient on the side against your knees.

The Recovery Position
4. Carefully pull the other arm out from under the patient, working from the shoulder down.

5. Still supporting the patient’s body against your knees, re-adjust the head to ensure that the airway is open.

6. Bend the patient’s uppermost arm into a convenient position to support the upper body.

7. Leave it lying parallel to the patient to prevent the casualty rolling on to the back.
Three persons from Nu Poh camp were interviewed about alcohol, how they look at it, their own experiences and suggestions

Kapo, who never drank alcohol

Kapo owns a shop in Nu Poh camp. He is 31 years old, married and has two children. He is a Muslim by religion. He never drank any alcoholic beverage.

Reasons for not drinking alcohol

His religion taught him not to drink alcohol because it will ruin his life. He says that no one can succeed in life if drink alcohol, can not gain respect from people, behave properly, and be useful to family and the community.

How to cope with peer pressure

When he was in his village in Burma, he worked as a truck driver. During his working career, he had many friends who were alcoholic and always asked him to join them for a drink. He refused to drink and his friends made fun of him. According to his friends a person who drank was a player and who did not was a cow. He forgave them for this and never took it personally. He was still friendly with those people. Sometimes when he met new people and if they asked him for a drink, he told them that he had health problem and could not drink. He also gave friends money to buy a bottle of beer to share among them. In the camp, nobody offers or asks him to drink because his friends here know that he has never touched alcohol in his life.

Followings are his suggestions to handle with peer pressure.

If you never drink before, tell them that you never drink and you do not want to drink.

If they insist, tell them you have health problem and doctor does not allow you to drink.

If you used to drink and now you want to quit drinking, tell them that you want to quit and stay firm to your decision. Friends will give up asking you to drink if you are strict.

Try to stop drinking when still young because it is early to restore your health and start a new life. If stop after becoming old, it will be too late to change anything.

Messages to refugee friends

He would like to encourage all refugee friends to quit alcohol drinking for several reasons:

• Loss of money due to an unnecessary expenditure.
• Not good for one’s health.
• Not good for the family, society and community.
Saw Ghale said that he felt guilty for taking away money from his family’s food and clothes. People made fun of him and laughed at him when he got drunk. The community stigmatized him as an alcoholic. Nobody paid attention to him when he talked. People did not respect him and he was a shame for his parents and family. He also felt pity for himself. He got a nice wife and family. They asked him to stop so did his parents. He quit drinking alcohol when he was in his village. Up to this time, it is over 20 years that he never touched alcohol.

How to handle with the desire to drink and peer pressure

He lost his friends after he stopped drinking and they teased him. Some of them still called him and offered him a drink, but he told them that he did not want to drink any more. He had to keep saying “no” so many times to his friends to make them believe that he really meant it. He also had to struggle with his own desire to go back and drink again. He did not go to any treatment centre. His strong will-power prevented him from drinking again and pulled him out of the desire. He said the support from family, parents, and the praise he received from the community for his quitting alcohol comforted him to stay away from drinking.

Messages to fellow refugees about alcohol drinking

Saw Ghale said that quitting alcohol would improve your work, life, health, and community respect. You will bring happiness to your family, relatives, and parents. People who want to quit have to have a very strong mind to overcome their own desires and pressure from friends. Start

### Reasons for quitting drinking

- Alcoholics cannot perform their duties and fail to be responsible.
- Against religion (particularly Islam).
- Not good example/model for the next generations.

#### Suggestions on alcohol prevention & control

He said that many people/refugee drank alcohol because of poverty, lack of income (jobless), and lack of hope and depression. He proposed some suggestions for alcohol prevention and control:

- Make strong law or restrictions on alcohol selling.
- Educate people that drinking is not good for their health, family, and community.

### Saw Ghale who stopped drinking over 20 years ago

Saw Ghale is a teacher in Nu Poh camp. He is 48 years old now, married and have 6 children (2 sons and 4 daughters).

#### His experiences and reasons for drinking

Saw Ghale started drinking alcohol when he was 20 years old. He was a teacher at that time. Maintaining friendship and social causes were the only reasons for his drinking. When he tried alcohol for the first time, he did not like the taste. It was bitter he said. After drinking for 30 times, he started liking it and could not stop drinking. He had been drinking with his friends for 8 years before quitting it. He would go around with friends and they would take turns to buy alcohol. He drank an average of 10-23 times per month. He said that alcohol made him happy, relaxed, and helped him forget all troubles he had. After drinking a lot while he got up the next morning, he felt dizzy, did not feel like working, felt tired and could not concentrate on anything.
from decreasing the amount of drinking little by little first and try to find some jobs or work to keep yourself busy so that you do not have much time to think about alcohol and hang around with friends.

**Suggestions on alcohol prevention & control**

He said it is difficult to stop people from drinking as it is widely used in most of the countries of the world. They sell it everywhere. Many men also drink it. If we cannot stop people from selling alcohol, we will not be able to prevent people from drinking. Alcohol is produced in the villages, even in the camps as a source of income. Refugees are drinking alcohol because they feel depressed, have problems, no job, and some used to drink before and just want to drink.

**Dickson, who stopped drinking for one year**

Dickson is a Sanitarian in Nu Poh camp. He is 51 years old now, married and has 2 children.

**Reasons for drinking**

Dickson tasted alcohol when he was young. He used to go buy alcohol for his father and uncles and that is how he know about drinking alcohol. He was 30 years old when he really started drinking alcohol and drank regularly with his friends. He did transportation business at that time. He said once he became drunk he started to talk very loud and got angry easily. His voice bothered neighbours. He once argued with a man from another village and hurt him. However, he never hurt his wife or children when he got drunk. When he moved to Nu Poh camp, he continued drinking. He drank an average of half a bottle to one bottle each time. He drank frequently with friends in the camp to celebrate something and share feeling when there is a problem.

**Reasons for quitting drinking**

He stopped drinking alcohol a year ago due to some health problems. He acquired gastritis from drinking alcohol. He always got severe stomach pain whenever he drank alcohol. So he took it seriously and decided to stop drinking alcohol. Another reason was his age. He is getting old and does not want to have many diseases at the old age. He heard and read many stories about alcoholic people who make their lives miserable and made the mistake of drinking alcohol. Dickson said that he did not want his son to drink alcohol.

**How to handle with peer pressure**

He said just keep saying “no” to them.

**Messages to refugee friends**

To drink a little bit is good, but too much is not good.
BEWARE OF ALCOHOL. FROM A SOCIAL DRINKER DON’T BECOME AN ALCOHOLIC.

- The effects of uncontrolled drinking can be fatal.
- All kinds of alcohol can lead to alcoholism. Beer, wine and whisky all contain alcohol and all, in large doses and over time, can damage your life and body.
Ten Questions

1. What is Alcoholism?
2. What are the different types of alcoholic beverages?
3. Name the effects of alcohol on mouth, intestine, testicles and heart.
4. Mention 5 symptoms of alcoholism.
5. Name 5 complications of alcoholism.
6. What are the alcoholic liver diseases?
7. What are oesophageal varices?
8. Name 5 major psychological effects of alcohol abuse.
9. What are the main consequences of alcoholism?
10. What is delerium tremens? What are its characteristics?
Answers to Ten Questions
(issue 10)

1. Tumour is a lump or swelling formed by the growth of a group of cells inside the body.

2. Benign tumour & malignant tumour.

3. Tobacco/alcohol use, chewing betel leaves and areca nuts, sunlight, age, gender, race.

4. Change in bowel and bladder habits, a sore that does not heal with proper care, thickening or lump in breast or other part of the body (any three of the seven warning signs).

5. Change diet, stop smoking, stop drinking alcohol.

6. Hypertension means a blood pressure of 140/90 or more.

7. Cardiac failure, angina pectoris, chronic renal failure, stroke.

8. The transition from regular ovarian function to its absence is often called the climacteric.

9. Osteoporosis, heart disease, urinary incontinence, acute burning or itching of the vulva or vagina, painful sexual intercourse.

10. Osteosarcoma, chondrosarcoma, Ewing’s sarcoma.
Note:

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